(b) if so, the details thereof and by when the proposed legislation is likely to be brought before Parliament;

(c) whether the proposed legislation would cover the use of tobacco in all forms including *gutkas* and if not, the reasons therefor; and

(d) whether the broad decisions of the New Delhi declaration adopted at the end of the three day International Conference on Global Tobacco Control Law held in January this year, have been incorported in the proposed legislation and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) to (d) The Committee on Subordinate Legislation (Tenth Lok Sabha) in its 22nd Report had made several recommendations primarily intend to discourage the use of tobacco and tobacco products. The Government is examining these recommendations and a draft legislation is under consideration of the Government.

Grievances against CGHS Dispensaries

949. SHRI NAND DESHMUKH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of reader's grievance titled, "Ill-treatment at CGHS" which appeeared in the Times of India, dated 22nd November, 1999;

(b) whether functioning CGHS dispensaries like one at Dr. Zakir Hussain Marg has totally collapsed as the doctors on duty—particularly in the evening, do not have the equipment for blood pressure check-up;

(c) whether such state of affairs is due to the reason that the senior officers of CGHS do not make surprise visits to the dispensaries; and

(d) if so, what steps are being taken for efficient service and punishing the erring doctors, especially in dispensary No. 79—Vivek Vihar?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM): (a) Yes, Sir.

(b) No, Sir. The function of the said dispensary has not collapsed and the equipment for checking blood pressure is available.

(c) The surprise inspections are conducted periodically by Senior Officers to check the proper functioning of the dispensary.

(d) In view of the above stated position, the question does not arise.

Infant Mortality Rate

950. SHRI CM. IBRAHIM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Infant Mortality Rate (U5MR) in India is still high;

(b) if so, the number of Under 5 Mortalities per thousand live births in India and the comparative figures for 1991, 1981, 1971 and 1951;

(c) the place occupied by India amonst the countries of the world in respect of U5MR and how India is placed amongst the developing countries; and

(d) the reasons for continuing high mortality rate amongst the under five infants, depite the fact that India was first to adopt planned family welfare programme, as early as in 1950s?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI N.T. SHANMUGAM)(a)and (b) The Sample Registration System of the Registrar General of India
provides data on Infant Mortality rate (IMR) and child (0---4 yrs)
Mortality Rate. Infant Mortality rate is defined as the number of deaths of infants (0—1 yrs) per 1000 live births. (0---4 yrs)